

# **Commonwealth of Virginia**

## **Community Mental Health Services Block Grant Application FY 2007**

**DRAFT**



**Virginia Department of Mental Health, Mental  
Retardation and Substance Abuse Services  
August 2006**

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## *Table of Contents*

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	<u>Page</u>
Table of Contents .....	1
Face Sheet .....	3
Executive Summary .....	4
 <b>PART B. Administrative Requirements, Fiscal Planning Assumptions, and Special Guidance</b>	
 I. Federal Funding Agreements, Certifications and Assurances	
(1) Funding Agreements .....	7
(2) Certifications .....	13
(3) Assurances .....	14
(4) Public Comments on the State Plan .....	15
II. Set-Aside for Children’s Mental Health Services Report .....	16
III. Maintenance of Effort Report (MOE) .....	16
IV. State Mental Health Planning Council Requirements	
1. Membership Requirements .....	17
2. Mental Health Planning Council Charge, Role and Activities .....	17
3. State Mental Health Planning Council Membership List and Composition ....	19
4. Mental Health Planning Council Comments and Recommendations .....	23
 <b>PART C. STATE PLAN</b>	
 I. Description of State Service System .....	
Overview of Virginia’s Mental Health System .....	25
Summary of Areas Needing Attention .....	30
New Developments and Issues .....	31
Legislative Initiative/Changes .....	38
Regional/sub-State Programs .....	39
State Agency Leadership in Coordinating Mental Health Services .....	40
 II. Identification and Analysis of the Service Systems Strengths, Needs, and Priorities	
Adult Mental Health System .....	50
Children’s Mental Health System .....	70
 III. Performance Goals and Action Plans to Improve the Service System	
Adult Plan .....	93
Comprehensive community-based Mental Health Services .....	93
Mental Health System Data Epidemiology .....	94
Targeted Services to Rural and Homeless Populations .....	94

Management Systems .....	95
Goals, Targets and Action Plans	
Readmission Rate.....	96
Number of Evidence Based Practice Services .....	97
Adults Receiving Evidence Based Practice Services.....	99
Positive Perceptions of Outcomes .....	100
Adults Served by the State Mental Health Authority .....	101
Treated Prevalence of Serious Mental Illness.....	102
Homeless Adults with Serious Mental Illness .....	104
Support for Community Programs .....	106
Children's Plan.....	107
Comprehensive community-based Mental Health Services .....	107
Mental Health System Data Epidemiology.....	107
Children's Services .....	108
Targeted Services to Rural and Homeless Populations .....	109
Management Systems .....	109
Goals, Targets and Action Plans	
Readmission Rate.....	110
Number of Children Receiving Therapeutic Foster Care .....	112
Bed Day Rate .....	113
Treated Prevalence of Serious Emotional Disturbance .....	114
Number of Children Served .....	115
Positive Perceptions of Outcomes .....	116
Cultural Competency .....	117
Children Served in Rural CSBs .....	118
Support for Community Programs .....	119

FISCAL YEAR/S COVERED BY THE PLAN

X FY 2007

STATE NAME: Commonwealth of Virginia

DUNS #: 627383102

**I. AGENCY TO RECEIVE GRANT**

**AGENCY: Department of Mental Health, Mental Retardation and Substance Abuse Services**

ORGANIZATIONAL UNIT: Office of Mental Health Services, Planning and Evaluation

STREET ADDRESS: 1220 Bank Street

CITY: Richmond STATE: Virginia ZIP: 23218-1797

TELEPHONE: 804-371-0363 FAX: 804-371-0091

**II. OFFICIAL IDENTIFIED BY GOVERNOR AS RESPONSIBLE FOR ADMINISTRATION OF THE GRANT**

NAME: James S. Reinhard, M.D. TITLE: Commissioner

AGENCY: Department of Mental Health, Mental Retardation and Substance Abuse Services

ORGANIZATIONAL UNIT: Commissioner's Office

STREET ADDRESS: 1220 Bank Street

CITY: Richmond STATE: Virginia ZIP: 23218-1797

TELEPHONE: (804) 786-3921 FAX: (804) 371-0092

**III. STATE FISCAL YEAR**

FROM: July 1,	2006	TO: June 30	2007
Month	Year	Month	Year

**IV. PERSON TO CONTACT WITH QUESTIONS REGARDING THE APPLICATION**

NAME: William T. Ferriss, LCSW TITLE: Director, Planning and Evaluation

AGENCY: Department of Mental Health, Mental Retardation and Substance Abuse Services

ORGANIZATIONAL UNIT: Office of Mental Health Services, Planning and Evaluation

STREET ADDRESS: Same as above

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